

VILLAGE OF GREENHILLS

INCOME TAX BUREAU

11000 WINTON ROAD, GREENHILLS OH 45218

513-825-2100

TAX FAX 513-825-2370

e-mail kbrokaw@greenhillsohio.org

www greenhillsohio.org/tax

Enclosed please find a Greenhills Income Tax form for your business for 2009. It must be filed by April 15, 2010, unless your year ends on a different date, in which case your Greenhills tax return is due at the same time as your Federal tax return. Requests for extensions must be received before April 15, or your account will be delinquent, and may be subject to penalty/interest charges.

Please give us a list of names, addresses, social security numbers, and amounts paid to independent or sub-contractors by February 28. (Copies of 1099 Misc will be satisfactory.)

If you have any questions, please call us. We appreciate your cooperation, and wish you a prosperous New Year.

Kathryn L. Brokaw
Tax Commissioner

**BUSINESS - 2009
INCOME TAX RETURN
GREENHILLS**



MAKE CHECK OR MONEY ORDER TO:
GREENHILLS INCOME TAX

11000 WINTON RD
GREENHILLS OH 45218-1198

Voice 513-825-2100 Fax 513-825-2370
kbrokaw@greenhillsohio.org

Fiscal Period 01/01/2009 to 12/31/2009

Due Date 04/15/2010

Please include 1099 Misc. issued to sub-contractors.

Federal ID# _____

Business Telephone No. _____

Principal Business Activity NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE

SOLE PROPRIETOR TRUST

PARTNERSHIP FIDUCIARY

S-CORPORATION

OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Greenhills Taxable income (Line 5 minus Line 6)	7	
8 Greenhills income tax (Multiply line 7 by 1.500%)	8	
9 Credits applied from previous year(s) to this year's liability	9	0.00
10 Estimates paid on this year's liability	10	0.00
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 2.00	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment (Issued if greater than 2.00)	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2010

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.500%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by 25%)	24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____
(If other than taxpayer)

Phone No. _____

CREDIT CARD INFORMATION FOR PAYMENT

ACCOUNT NUMBER _____

SECURITY PIN _____ CARD EXPIRATION _____

AMOUNT _____ CARD HOLDER SIGNATURE - SIGN HERE _____

YOU MUST ATTACH APPROPRIATE FEDERAL SCHEDULE(S)

SECTION A	Profit (or loss) from business or profession	Net income Section A	\$ _____
SECTION B	Total from Federal Schedule D, Form 4797	Net income Section B	\$ _____
SECTION C	Income from Rents, from Federal Schedule E	Net income Section C	\$ _____
SECTION D	All other taxable income (Income from partnerships, estates & trusts, fees, tips, commissions, wages, & miscellaneous)	Net income Section D	\$ _____
TOTAL	From Sections A, B, C, and D (enter on Page 1, Line 1)		\$ _____

A MUNICIPALITY DOES NOT NECESSARILY TAX ALL ITEMS OF INCOME, NOR DOES IT NECESSARILY ALLOW CERTAIN ITEMS AS DEDUCTIONS IN THE SAME MANNER AS THE STATE AND FEDERAL GOVERNMENT. IT IS THEREFORE REQUIRED THAT SCHEDULE "X" BELOW BE COMPLETED AND ALL RELATED FEDERAL SCHEDULES BE ATTACHED.

SCHEDULE X: Reconciliation with Federal Income Tax Return

<u>Items Not Deductible</u>	Add	<u>Items Not Taxable</u>	Deduct
a. Capital losses (excluding ordinary losses)	\$ _____	j. Capital gains (excluding ordinary gains)	\$ _____
b. Expenses incurred in the production of non-taxable income (at least 5% of Line O)	\$ _____	k. Interest income	\$ _____
c. Taxes based on income (State)	\$ _____	l. Dividends	\$ _____
d. Taxes based on income (City)	\$ _____	m. Other (Explain)	\$ _____
e. Net operating loss deduction per Federal Return	\$ _____	n. TOTAL	\$ _____
f. Payments to partners	\$ _____	o. TOTAL from Line i minus Line n	\$ _____
g. Contributions	\$ _____	(Enter on Page 1, Line 2)	
h. Other expenses not deductible (Explain)	\$ _____		
i. TOTAL	\$ _____		

SCHEDULE Y: Business Allocation Formula

	a. Located Everywhere	b. Located in this City	c. Percentage (b ÷ a)
STEP 1	_Avg. value of real & tang. personal property _____ _Gross annual rentals paid multiplied by 8 _____ _Total Step 1 _____	_____	_____ %
STEP 2	_Gross receipts from sales made and/or work or services performed _____	_____	_____ %
STEP 3	_Wages, salaries, & other compensation paid _____	_____	_____ %
STEP 4	_Total percentages _____		_____ %
STEP 5	_Average percentage (divide total percentages by number of percentages used) _____		Carry to Page 1, Line 4 _____ %

NOTE: UNLESS ACCOMPANIED BY COPIES OF APPROPRIATE FEDERAL SCHEDULES AND BY PAYMENT OF THE BALANCE OF TAX DECLARED DUE (LINE 11 OR 14) AND AT LEAST OF THE ESTIMATED TAX (LINE 22), THIS FORM IS NOT A LEGAL FINAL RETURN OR DECLARATION.